

# PLUMBING PERMIT APPLICATION

**CITY OF RENTON**  
Development Services Division  
1055 South Grady Way, Renton WA 98057  
Phone: (425) 430-7200  
www.rentonwa.gov

**ALL REQUIRED ITEMS MUST BE PROVIDED IN  
ORDER TO PROCESS THIS APPLICATION**

1. Property Address: \_\_\_\_\_
2. Building Permit # (Required): \_\_\_\_\_ 3. Boeing Job # (if applicable): \_\_\_\_\_
4. Value of Work to be Performed: \_\_\_\_\_
5. Type of Work to be Performed: \_\_\_\_\_
6. Permit Cost: Basic Fee: **\$45.00** + Itemized Fee(s) from below\*\*:

Each plumbing fixture or trap or set of fixtures on one trap: **\$8.00**

Basins (lavatory)	_____	Bathtubs	_____
Floor Drains	_____	Sinks	_____
Trays (laundry)	_____	Water Closets	_____
Washers	_____	Sump or Trap	_____
Urinals	_____	Showers	_____
Drinking Fountain	_____	Dishwasher*	_____
Water Heater	_____		

\* vacuum breaker required

Rainwater systems per drain		\$	8.00
Each industrial waste pretreatment interceptor		\$	8.00
For installation, alteration or repair of water piping (each fixture)		\$	8.00
For repair or alteration of drainage or vent piping (each fixture)		\$	8.00
For each lawn sprinkler system (includes backflow prevention)		\$	8.00
For EACH vacuum breaker or backflow protection device			
on tanks, vats, etc:		\$	8.00
For water service – meter to house		\$	8.00
For each gas piping system:	..one(1) to five(5) outlets	\$	12.00
	...additional outlets, each	\$	2.50
For each Medical gas piping system*:			
*Plan Review required	..one(1) to five(5) outlets	\$	60.00
	...additional outlets, each	\$	5.00
Reinspection Fee	\$60.00	*Plan Review Fee	40% of Permit Fee**

**\*\* + Additional 3% Technology Surcharge**

7. Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Tenant Name (if applicable): \_\_\_\_\_ Suite/Room #: \_\_\_\_\_
9. Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_
10. State of Washington Contractor's License # (Required): \_\_\_\_\_
11. Contractor's City of Renton Business License # (Required): \_\_\_\_\_
12. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_